

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025329

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 2974 Primary Registration District No. 2052 Registrar's No. 209

FILED JUN 22-1963

VS 300  
Rev. 4/59

10808

20270

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Clarksburg</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bothwell</b>		d. STREET ADDRESS (If outside, give location) <b>3 Miles North Clarksburg</b>	
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Edward</b> Last <b>Scott</b>		4. DATE OF DEATH Month <b>June</b> Day <b>17th</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/16/87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Retired</b>	
11. BIRTHPLACE (City and state or country) <b>Cooper County, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Edward W. Scott</b>		13b. MOTHER'S MAIDEN NAME <b>Lydia Lehr</b>	
14. NAME OF HUSBAND OR WIFE <b>Effie Scott, Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Willie Scott (Son) Bunceton, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral sclerosis</b> DUE TO (b) <b>Arteriosclerosis general</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>11/9/64 Urinary infection due to prostatic hypertrophy</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1962</b> to <b>6-17-63</b> and last saw <sup>her</sup> him alive on <b>6-17-63</b> Death occurred at <b>3:35 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A. L. Walter M.D.</b> (Degree or title)		22b. ADDRESS <b>Sedalia Mo</b>	
22c. DATE SIGNED <b>6-17-63</b>		23. LOCATION (City, town, or county) (State) <b>7 Miles East of Bunceton, Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 6/17/63</b>	23b. DATE <b>6/19/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Piagah Cemetery</b>	23d. ADDRESS <b>Jewell E. Richards--Tipton, Missouri</b>
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG. <b>June 19, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Francis Shelby Jr</b>		26. REGISTRAR'S SIGNATURE <b>N. Anderson</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Jemelle E. Richardson*

Licensed Embalmer No. 2466

P. O. Address

*Lipton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.